



VOLUNTEER OPPORTUNITY

Position Opens: Monday, October 6, 2003, until sufficient applications received
Position Title: VICTIM ASSISTANCE
Department/Division: Police Department
Worksite Address: Center Against Family Violence - 225 E. First Street
Hours/Week: 16 hours per month
Days of Work Week: You choose your shift!
Start/End Hours: Program operates 24 hours/day, 7 days/week.

Comments: After receiving over 30 hours of classroom training, volunteers are on-call to perform crisis intervention. Due to the extensive training required in this area, volunteers must be willing to make a one-year commitment to the program.

Position Description: This position is designed to assist victims of crime. Volunteers will act as a support system to the victim by providing crisis intervention, information, and referral sources.

Volunteers will be on-call for a designated period of time during the month. A volunteer may respond to the scene of the crime, hospital, police station, or any other designated area. The volunteer will remain with the victim during the immediate crisis, providing moral and informational support.

Qualifications: Volunteers must be sensitive and empathetic to people in a variety of crisis situations. Must have good communication skills, and be able to work cooperatively with a wide assortment of people. Must be able to climb stairs, and pick up small children. Must have a valid Arizona Driver's License, and be available by pager when on-call.

Special Requirement: Because of the confidential, sensitive nature of information handled, successful completion of a background investigation and polygraph is required.

Application and Selection Process: Please complete the one page Volunteer Application and Prepolygraph Questionnaire, available at the Personnel front desk. Applications will be reviewed, and applicants may be selected for an interview.

APPLY: CITY OF MESA PERSONNEL OFFICE
SOUTH CENTER STREET CAMPUS
200 S. CENTER STREET, BUILDING 1
MESA, ARIZONA 85210

MAIL APPLICATIONS TO:
PERSONNEL OFFICE
P. O. BOX 1466
MESA, AZ 85211-1466

Website: <http://www.cityofmesa.org>
OFFICE (480) 644-2365

JOB HOTLINE (480) 644-2759
OR 1-800-662-5053 Toll Free



City of Mesa Volunteer Application

Name: _____ **E-Mail address:** _____

Home Phone Number: _____ **Message Phone Number:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Present or Previous Jobs: _____

Previous Volunteer Experience: _____

Education, Skills (i.e. Bi-lingual in Spanish or Sign Language, typing), Hobbies: _____

Why are you interested in volunteering with the City of Mesa? _____

Name of Volunteer Position you are applying for: _____

Please check below any other areas you would like to work for:

___ **Administrative/Clerical Support**

___ **Parks and Recreation**

___ **Water Operations Support**

___ **Arts and Cultural**

___ **Police**

___ **Fire**

___ **Library**

___ **Other** _____

What days and times are you available to volunteer? _____

EMERGENCY CONTACT:

Name: _____ **Relationship:** _____

Address: _____ **Phone Number:** _____

REFERENCES: List two people, not related to you, whom you have known for at least one year.

Name: _____ **Name:** _____

Home Phone Number: _____ **Home Phone Number:** _____

Business Phone Number: _____ **Business Phone Number:** _____

Address: _____ **Address:** _____

(CONTINUED)

REFERRED BY: ☐ City of Mesa Website ☐ Friend/Family ☐ Arizona Works
☐ City of Mesa Job Bulletin ☐ Self/Walk-In ☐ Other _____
☐ East Valley Institute of Technology ☐ Newspaper _____

Valid Arizona Driver's License? ☐ Yes ☐ No **License #:** _____ **Expiration Date:** _____

Are you 18 years of age or older? ☐ Yes ☐ No **If under 18, how old are you?** _____

Have you ever been convicted of any crime? ☐ Yes ☐ No

If yes, nature of crime, date, and location: _____

I hereby apply for work as a volunteer with the City of Mesa. I understand that I will be expected to follow established policies and procedures and a mutually acceptable work schedule for a minimum of four hours per week or a total of 50 hours within a thirteen-week period. I will promptly notify my supervisor if I am unable to work as scheduled.

Certification of Applicant: I hereby certify that all answers to the questions on this application are true, and I understand and agree that any misstatement or omission of material facts contained in this application may disqualify me for a volunteer opportunity. I hereby authorize the City of Mesa to verify the accuracy of the statements on this application, and for assignments considered safety or security sensitive, authorize the City to conduct fingerprinting for background checks through the Department of Public Safety and the Federal Bureau of Investigation. I understand that while volunteering, I will be covered by the City of Mesa Worker's Compensation policy under ARS statute 23-901.06.

Applicant's Signature: _____ Date: _____

(FOR DEPARTMENT USE ONLY)

Interviewer: _____ Date: _____

Department/Division: _____

Assigned Job Description Title: _____ Location: _____

Immediate Supervisor: _____ Phone Ext.: _____

Start Date: _____ Days & Time Scheduled to Work: _____

Termination Date: _____ Reason: _____

Number of Hours Completed: _____ Badge Returned: ☐ Yes ☐ No

**MESA POLICE DEPARTMENT
PREPOLYGRAPH QUESTIONNAIRE**

NAME: _____ **DATE OF BIRTH:** _____

POSITION TITLE: _____

******* FAILURE TO ANSWER ALL OF THE FOLLOWING QUESTIONS
IN DETAIL MAY DISQUALIFY YOUR APPLICATION *******

MILITARY: - Did you serve in the military? Yes No

If you served in the military, what was your discharge status? _____

ARREST HISTORY: - The following questions pertain to your experiences in this country and all other countries. Do not include minor traffic violations. Explain all "yes" answers in detail in the space for Additional Information on the reverse side of this page.

- | | | |
|--|--------|-------|
| 1. Have you ever had any contact with a police officer? | ___Yes | ___No |
| 2. Have you ever been warned about anything by a police officer? | ___Yes | ___No |
| 3. Have you ever been detained by a police officer? | ___Yes | ___No |
| 4. Have you ever been accused of a crime? | ___Yes | ___No |
| 5. Have you ever been charged with a crime? | ___Yes | ___No |
| 6. Have you ever been arrested? | ___Yes | ___No |
| 7. Have you ever been convicted of any crime? | ___Yes | ___No |
| 8. Have any relatives of you or your spouse ever been convicted or imprisoned? | ___Yes | ___No |
| 9. Have the police ever been called to your home for any reason? | ___Yes | ___No |

If you have answered "yes" to any of the questions above, please list the corresponding number (1 - 9) and describe the incident below. Make certain you have explained the incident in more detail using the Additional Information section on the next page. **ALL INCIDENTS MUST BE EXPLAINED IN DETAIL.**

[illegible]

NARCOTICS: If you have tried or used any of the drugs listed below, check the "yes" box. If you have not, check the "no" box. **INCLUDE THE NUMBER OF TIMES USED AND DATES.**

	Yes	No	Total # Times Used	# Times Used Since 21st Bday	Date/s (Mo/Yr)
Marijuana	___	___	()	()	_____
Hashish	___	___	()	()	_____
Thai Sticks	___	___	()	()	_____
Barbiturates	___	___	()	()	_____
Amphetamines (Speed, Etc.)	___	___	()	()	_____
Cocaine	___	___	()	()	_____
Heroin	___	___	()	()	_____
Opium	___	___	()	()	_____
Injectable Steroids	___	___	()	()	_____
Oral Steroids	___	___	()	()	_____
Hallucinogenic Substances (LSD, PCP, Mescaline, Mushrooms, Etc.)	___	___	()	()	_____
Inhalants (Paint, thinners, glue)	___	___	()	()	_____

If you have tried or used any of the drugs listed above or if you have tried or used any other drug without a doctor's prescription explain in detail below. If more space is needed, attach an additional sheet of paper. **YOU MUST INCLUDE DATES AND NUMBER OF TIMES USED.**

MESA POLICE DEPARTMENT APPLICATION HISTORY

Have you previously applied for **any** position with the Mesa Police Department? ___ Yes ___ No

If yes, what position title? _____

If yes, when did you apply? _____ Month/Year

Did you complete a background investigation **and/or** polygraph examination? ___ Yes ___ No

ADDITIONAL INFORMATION

If more space is needed, attach an additional sheet of paper.

I hereby certify that all answers given here are complete and true. Falsification is grounds for disqualification.

Signature _____

Date _____

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